



State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

Police Troop: ACase Number: DPS-05-019836

Notations:

Traffic: LWeather: Lane of Direction of Travel:

N S E W

Investigating Trooper: Cipriano # 1383Date: 04-22-05Time: 1353No. & Type of Veh's Involved: 2 car
(Passenger Car, Truck, Bus, Etc.)Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)Town / City: OxfordLocation of Accident: Rt 34 approx 2/10 east of CoppermineUtility Pole Name & Number (If Applicable): Other (Specify): Oper #1: Villano, DeborahOper #2: O'Connor, DanielDOB: 06-13-69Gender: ☐ M ☒ FDOB: 02-11-53Gender: ☒ M ☐ FAddress: 137 Coppermine RdAddress: 77 Balance Rock Rd Apt #3Town: Oxford State: CT Zip: 06478Town: Seymour State: CT Zip: 06484Oper. Lic. # 064844066 Type: 2 State: CTOper. Lic. # 024639406 Type: 2 State: CTOwner #1: SAMEOwner #2: SAMEAddress: SAMEAddress: SAMERegistration Plate: 101ETE State: CTRegistration Plate: 928 SXE State: CTMake: KIA Model: Sportage Year: 01Make: Hyundi Model: Santafe Year: 04VIN: KNDJA723715078829VIN: KM8SB12BX4U612384Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☒ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☒ Y ☐ N) ☐ No ☐ N/AInsurance Company: Insurance Company: AllstateInsurance Policy #: Insurance Policy #: 019 654136 04/03Injuries: Injuries: Vehicle Damage: front endVehicle Damage: front endVehicle Towed: ☐ No ☒ Yes, Quality AutoVehicle Towed: ☐ No ☒ Yes, Quality AutoOccupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]Oper #3: Oper #4: DOB: Gender: ☐ M ☐ FDOB: Gender: ☐ M ☐ FAddress: Address: Town: State: Zip: Town: State: Zip: Oper. Lic. # Type: State: Oper. Lic. # Type: State: Owner #3: Owner #4: Address: Address: Registration Plate: State: Registration Plate: State: Make: Model: Year: Make: Model: Year: VIN: VIN: Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Insurance Company: Insurance Policy #: Insurance Policy #: Injuries: Injuries: Vehicle Damage: Vehicle Damage: Vehicle Towed: ☐ No ☐ Yes, Vehicle Towed: ☐ No ☐ Yes, Occupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

Vehicle #1 was traveling w/b on Rt 34 in Oxford. Vehicle #2 was traveling e/b on Rt 34 past Coppermine Road. Vehicle #2 crossed over the center line striking vehicle #1. Operator #1 was treated and released FOR minor injuries. Operator #2 is being held for his injuries.

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☐ Yes, Company Oxford ☐ No

Patient Name: Villano, Deborah

Hospital Yale

Injuries minor

#2 Ambulance ☐ Yes, Company Oxford ☐ No

Patient Name: O'Connor, Daniel

Hospital Yale

Injuries serious

#3 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#4 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital _____

Injuries _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature



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Date 04/23/05